U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

REVISED FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 4/562	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name Chuck Mack PO Box Bidg Room No If any PO Box 2270	Name Teamsters Union Local No 70 Labor Organization File Number 010 997 PO Box Building and Room Number if any P O Box 2270
Street	Street
City Oakland	City Oakand
State California ZIP Code + 4 94621	State California ZIP Code + 4 94621
5 Position in labor organization Secretary Treasurer	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transaction (including loans) with or monetary value from an employer whose employees your organizat	
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income
Name US Foodservice	See attached
Trade Name if any	
PO Box Bldg Room No If any	
	7 b Amount
Street 4494 N John Young Parkway	
City Orlando	\$40
State Florida ZIP Code + 4 32804	

Signature

15 Signature and verification. The undersigned declares under penalty of Pet submitted in this report (including the information contained in any accompanying undersigned s knowledge.and belief true correct and complete (See the section)	documents) has been exar	nined by the signatory and is to the best of the
(200)	eblan	,
Signed	On O///V4	510 569 9317 Telephone Number

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US FOODSERVICE

Part A
Box 7 a
Nature of interest transaction or income

In performance of his duties as Secretary-Treasurer, the person identified in item 3 from time to time transacts business related to these duties over breakfast, lunch or dinner with representative of the employers for the bargaining units assigned to him by the labor organization listed in item 4. The amount entered in item 7 b is an estimate of the amount paid for the employer identified in item 6 on his behalf for such food and beverages on or about. March 23, 2004. This estimate is based on a review of a business calendar for appointments and meetings in 2004.

Name of Person Filing Chuck Mack			File Number U	
B Held an interest in or derived income or e substantial part of which consists of buying of an employer whose employees your labo (2) any part of which consists of buying from dealing with your labor organization or with	from selling or leasing to or oth r organization represents or is a n or selling or leasing directly or	nerwise dealing with the busines actively seeking to represent or andirectly to or otherwise	ss	
8 Name and address of Business (including	trade name if any)	9 Business deals with		
Name WCT Supplemental Benefit Trade Name if any PO Box Bidg Room No if any Street 1000 S Fremont Avenue City Alhambra State California 10 If 9 b or 9 c is checked give trust or em Name Trade Name if any	ZIP Code + 4 91802	b Trust c Employer		
PO Box Bldg Room No If any Street		11 b Approximate dollar va	lue of such dealing	
Crity		12 a Nature of interest he	eld or income received	
State	ZIP Code + 4	See attached		
		12 b Amount		\$1.677

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment N/A	
Name		
Trade Name If any		
PO Box Bldg Room No if any		
Street		
City		
State ZIP (_ode + 4		
13 b Is the Business an Employer or Consultant , ?	14 b Amount of payment	\$

WCT Supplemental Benefit Trust

Part B
Box 12 a
Nature of interest held or income received

The person identified in item 3 is a Union Trustee on the Board of Trustees of the entity identified in item 8 which is a jointly administered health trust fund under the Labor Management Relations Act of 1947, as amended (the "Trust Fund") The amount entered in item 12 b represents (1) reimbursement of transportation, lodging, food and beverage, and incidental expenses incurred by the Union Trustee in connection with his attendance of quarterly meetings of the Board of Trustees and periodic Trustee Committees of the Trust Fund or Trustee, and/or (2) the estimated value of food and beverages in connection with such meetings that were paid for by others who received reimbursement from the Trust Fund for such food and beverage expenditures. This estimate is based on information requested from the Trust Fund's third party administrator and a business calendar for appointments and meetings in 2004.

Meeting dates January 15, 2004, April 14, 2004, July 15, 2004, October 14, 2004

ULICO LIFE INCORPORATED

Part A
Box 7 a
Nature of interest transaction or income

In performance of his duties as Secretary-Treasurer, the person identified in item from time to time transacts business related to these duties over breakfast, lunch or dinner with representative of the employers for the bargaining units assigned to him by the labor organization listed in item 4. The amount entered in item 7 b is an estimate of the amount paid for the employer identified in item 6 on his behalf for such food and beverages on or about. August 13, 2004. This estimate is based on a review of a business calendar for appointments and meetings in 2004.

Name of Person Filing Chuck	k Mack	File Number U	

Part A Continuation Page

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A. Held an interest in engaged in transactions (including loans) with or derived in employees your organization represents or is actively seeking to represent	ncome or other economic benefit of monetary value from an employer whose	
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income	
Name Ulico Life Incorporated	See attached	
Trade Name if any		
PO Box Bldg Room No if any	7 b Amount	
Street 1625 Eye Street NW		
Cmty Washington	\$25	
State District of Columbia ZIP Code + 4 20006		
A Held an interest in engaged in transactions (including loans) with or derived employees your organization represents or is actively seeking to represent	income or other economic benefit of monetary value from an employer whose	
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income	
Name		
Trade Name if any		
PO Box Bldg Room No if any		
,	7 b Amount	
Street		
City		
State ZIP Code + 4		
A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent		
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income	
Name		
Trade Name If any		
PO Box Bldg Room No (fany		
	7 b Amount	
Street		
City		
State ZIF Code + 4		

Name of Person Filing Chuck Mack File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (inc	luding tade name if any)	9 Business deals with	
Name WCT Pension Trust Fur	nd	★ a Labor Organization	
Trade Name If any			
PO Box Bldg Room No Ifany		b Trust	
Street 355 Gellert Boulevard	3	c Employer	
City Daly City			
State California	ZIP Code + 4 94015		
10 If 9 b or 9 c is checked give trust or	employe: s name	11 a Nature of such dealing	
Name			
Trade Name if any			
PO Box Bldg Room No If any			
Street			
City			
State	ZIP Code + 4	11 b Approximate dollar value of such dealing	
		12 a Nature of interest held or income received	
		See attached	
		12 b Amount	\$6 962

Form LM 30 (2003) Page 4 of 6

WCT Pension Trust Fund

Part B
Box 12 a
Nature of interest held or income received

The person identified in item 3 is a Union Trustee on the Board of Trustees of the entity identified in item 8 which is a jointly administered health trust fund under the Labor-Management Relations Act of 1947, as amended (the "Trust Fund") The amount entered in item 12 b represents (1) reimbursement of transportation, lodging, food and beverage, and incidental expenses incurred by the Union Trustee in connection with his attendance of quarterly meetings of the Board of Trustees and periodic Trustee Committees of the Trust Fund or Trustee, and/or (2) the estimated value of food and beverages in connection with such meetings that were paid for by others who received reimbursement from the Trust Fund for such food and beverage expenditures. This estimate is based on information requested from the Trust Fund's third party administrator and a business calendar for appointments and meetings in 2004.

Meeting dates Board of Trustees Quarterly Meetings – January 12, April 19, July 12 and October 11, 2004 and Trustees Committee Meetings March 10, June 9, September 10, 2004

Name of Person Filing Chuck Mack File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)	9 Business deals with
Name East Bay Drayage Drivers (rust Fund	✓ a Labor Organization
Trade Name if any	
PO Box Bidg Room No Ifany PO Box 4026	b Trust
Street	c Employer
City Concord	
State California ZIF Code + 4 94524	
10 If 9 b or 9 c is checked give trust or employers name	11 a Nature of such dealing
Name	
Trade Name if any	
PO Box Bldg Room No if any	
Street	
City	
State ZIP Code + 4	11 b Approximate dollar value of such dealing
	12 a Nature of interest held or income received
	See attached
	12 b Amount \$684

East Bay Drayage Drivers

Part B
Box 12 a
Nature of interest held or income received

The person identified in item 3 is a Union Trustee on the Board of Trustees of the entity identified in item 8 which is a jointly administered health trust fund under the Labor-Management Relations Act of 1947, as amended (the "Trust Fund") The amount entered in item 12 b represents (1) reimbursement of transportation, lodging, food and beverage, and incidental expenses incurred by the Union Trustee in connection with his attendance of quarterly meetings of the Board of Trustees and periodic Trustee Committees of the Trust Fund or Trustee, and/or (2) the estimated value of food and beverages in connection with such meetings that were paid for by others who received reimbursement from the Trust Fund for such food and beverage expenditures. This estimate is based on information requested from the Trust Fund's third party administrator and a business calendar for appointments and meetings in 2004.

Meeting date September 29, 2004

Name of Person Filing Chuck Mack File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a sub-tantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)	9 Business deals with
Name Riviera Hotel	★ a Labor Organization
Trade Name If any	X 1 1220 0132111211011
PO Box Bldg Room No Ifany 390 S Indian Canyon Drive	b Trust
Street	c Employer
City Palm Springs	
State California ZIF Code + 4 92262	
10 If 9 b or 9 c is checked give trust or employers name	11 a Nature of such dealing
Name	
Trade Name If any	
PO Box Bldg Room No if any	
Street	
City	
State ZIP Code + 4	11 b Approximate dollar value of such dealing
	12 a Nature of interest held or income received
	See attached
	12 b Amount \$52

RIVIERA HOTEL

Part B
Box 12 a
Nature of interest transaction or income

In performance of his duties as Secretary-Treasurer, the person identified in item 8 from time to time transacts business related to these duties over breakfast, lunch or dinner with representative of the employers for the bargaining units assigned to him by the labor organization listed in item 4. The amount entered in item#2. Is an estimate of the amount paid for the vendor identified in item 6 on his behalf for such food and beverages on or about. November 9, 2004. This estimate is based on a review of a business calendar for appointments and meetings in 2004.